

Dr. Elwood, in his studies at the Medical Research Council Epidemiological Research Unit at Cardiff, was concerned with interaction between reduced iron and flour to which the iron was added before baking into bread. The problems raised in paragraph three of his letter are related to problems of interaction which he encountered in this research. The preparation of iron which we used was reduced iron as described in the British Pharmacopoeia of 1932.

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DIGITAL STRANGULATION BY HAIR WRAPPING

To the Editor:

The report by Hill and James of a case of digital strangulation by hair wrapping (*Canad. Med. Ass. J.*, 97: 1293, 1967) reminds me of the only time I ever observed this condition. It was when I was an intern in the Babies' Hospital, New York, in 1923. The patient was a baby under a year of age, I think. He was admitted because he had swollen, dusky fingers and toes (don't ask me how many) and, at the base of each, a deep pus-covered constriction. There was much speculation by the staff, which included the great L. Emmett Holt Sr., as to what this could be. The medical consultant, the late Dr. Evan Evans, a brilliant diagnostician, was called in. A case of ainhum! Never before reported in a white child! Tremendous excitement! Photographs to be taken! The case to be reported!

It fell to my lot to clean the baby's hands and feet carefully in preparation for the photograph; and then—lo, there came to view fine blonde hairs wound in figures of eight from finger to finger, toe to toe. When the hairs were snipped, recovery was complete. They had come from the head of the little brother or sister. The unravelling of the plot left everyone flat. The case was never reported.

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CORRECTION

In the account of the International Symposium on Polypeptides, published in the department of Medical Meetings in the issue of November 4 (*Canad. Med. Ass. J.*, 97: 1174, 1967) it was stated that Drs. J. Letarte and J. M. McKenzie were invited guests. In addition, the list of invited guests from Canada included Drs. J. C. Beck, S. M. Friedman, C. L. Friedman and H. G. Friesen.

THE LONDON LETTER

IS THE GENERAL MEDICAL COUNCIL ADEQUATE?

Doctors in Britain are disciplined by the General Medical Council, and the procedure and basis have not changed much since the Medical Act of 1858. In an essay which won a B.M.A. prize, Dr. Taylor, deputy secretary of the Medical Protection Society, asks whether the disciplinary system is either adequate or just (*MedicoLegal Journal*, 35: Part II, 119, 1967). There are two grounds for discipline, the first being any conviction of the doctor by a court in the U.K. or Eire for felony, misdemeanour, crime or offence. When such a conviction is reported to the G.M.C., the latter is obliged to enquire into the matter. The second mechanism is any accusation that the doctor is guilty of "infamous conduct in a professional respect". In either case the Disciplinary Committee of the G.M.C. before whom the doctor is summoned can take only one action to discipline the accused, erasure from the Medical Register.

Taylor states that formerly a conviction by a court indicated in most cases a lapse from moral rectitude, but that nowadays with the increasing intrusion of the state into the life of the individual and the mass of regulations made under delegated authority this is no longer true. Conviction on a motoring offence must automatically bring the doctor before the G.M.C. regardless of whether he was on medical duty at the time. Moreover, when the doctor is brought before the Disciplinary Committee he is not permitted to dispute his guilt; all he can do is to produce evidence of his character and antecedents, which may or may not be helpful. There is also an element of luck, for not all court convictions are reported to the G.M.C.

As to the second cause for disciplinary action, infamous conduct in a professional respect, this suggests that there is an unpunishable type of infamous conduct unconnected with the profession. Might it not be better to speak of conduct not befitting a medical practitioner? Matrimonial cases pose a problem nowadays. A woman may be on a doctor's list for years without ever seeking treatment; they may meet socially and adultery may take place. The fact that she is on his N.H.S. list is taken to prove the doctor-patient relationship, and it is hard to prove the reverse.

Another anomaly, says Taylor, is that there is no provision for appeal against a finding of infamous conduct, except to the Judicial Committee of the Privy Council. In the 17 years that this type of appeal has been possible, nobody has ever succeeded in reversing a G.M.C. decision, which suggests that there is some handicap, since a proportion of other appeals to the higher authority succeed. The reason may be that the Disciplinary Committee is not obliged to give reasons for its decisions.

The dice are loaded against the doctor in another way: A private person bringing a complaint against a doctor is obliged to make a statutory declaration, so that the doctor and his adviser know what the case against him is; a person acting in a public capacity, including the solicitor to the G.M.C., need not make such a declaration.

When a criminal is put on probation, he is not required at the end of his probation to bring evidence of good behaviour during this period, nor can his probation be prolonged if this evidence is unsatisfactory. Yet the practitioner on probation has a sentence of erasure hanging over him if he cannot produce the required evidence of good behaviour. Taylor suggests that it should be possible to suspend a doctor for a period, say while he was undergoing psychiatric treatment. Lastly, he points out that decisions of the Disciplinary Committee are on a majority vote; yet unless at least two-thirds of the Committee are convinced of his guilt, justice can scarcely be seen to be done to the doctor.

RUBELLA AND GAMMA GLOBULIN

The question whether prophylactic doses of gamma globulin not only reduce the risk of a rubella infection and of clinical illness in a pregnant woman but also protect the fetus against defects is still an open one. Some light on its answer is obtained from two studies in the *British Medical Journal* for September 9, 1967. In the first, McDonald and Peckham analyse the results of the issue of over 35,000 doses of gamma globulin for the protection of pregnant women between 1956 and 1962 in Britain. They found that 370 out of over 30,000 women developed rubella within 28 days of inoculation and another 97 at varying intervals afterwards, a total attack rate of 1.5%. Clinical signs of rubella appeared within 28 days in 1.95% of family contacts and 0.48% of contacts outside the family. These rates would probably have been higher without the gamma globulin. Only 70% of women who had rubella in pregnancy went to term, and about one-quarter of children whose mothers had the disease in the first 12 weeks had heart or hearing defects, the percentage falling to 10% for the next four weeks and then to 5%. Where inoculated women did not develop clinical rubella there was no excess of cataract or heart disease or (probably) deafness. Hence subclinical rubella seems to carry no extra risk to the fetus.

The second report comes from a Public Health Service working party and includes surveys of results of using two different dose schedules of gamma globulin and also incidences of rubella antibodies in pregnant women in different parts of England. As regards the first point, they find that after giving a first dose of approximately 750 mg. of gamma globulin there is no apparent advantage in giving a second of 1500 mg. 12 days later. Incidentally, most of the persons involved in the study reported by McDonald and Peckham had only 750 mg. In line with American surveys they found that the incidence of rubella-neutralizing antibodies in the

blood of pregnant women varied greatly with the area, extremes being 80 and 94%.

Several points arise from these reports, as an editorial in the *B.M.J.* for October 28 indicates. First of all, we do not really know the attack rate without gamma globulin, and therefore have only a vague idea of the degree of protection conferred against rubella infection. The first report suggests that gamma globulin did protect the fetus, for the types of defects found in offspring of women given gamma globulin who had been in contact with rubella cases but had escaped infection were different from those in the few who got rubella in spite of the inoculation. It is clear that a lot of gamma globulin is probably being wasted, but selection of cases at risk must await a simple and rapid test for rubella antibodies. With this, it would be possible to assess the effect of the agent administered to non-immune persons as soon after exposure as possible. Even there, the problem of when exposure begins still remains. Thus, as the *B.M.J.* points out, we eagerly await the widespread availability of a safe and effective rubella vaccine that can be used to protect all pregnant women before exposure. Following the work of Parkman *et al.*, such a vaccine is on the way in the United States.

SIDE EFFECTS WITHOUT DRUGS

Doctors are human and they often develop a liking or dislike for some particular drug. It is then all too easy to discover that the drug causes or does not cause side effects, according to the mental set of the observer. Oral contraceptives may be suffering from this emotional overlay, since many doctors have strong feelings about their prescription. In a letter to the editor of *Lancet* (September 16, 1967, p. 612) Sluglett and Lawson point out how they have done what a lot of doctors studying side effects do not do though they should do, namely, establish a baseline from which to work.

Before starting to prescribe an oral contraceptive in their practices, these authors asked every woman whether or not she had experienced certain symptoms in the month before starting to take the pill. The numbers are small but the conclusions are striking. Thus breast discomfort was experienced in 13% during the first cycle on the pill, then in none afterwards, but it had been present in no less than 16% before taking the pill. Similarly the figure for headache was 22% before taking the pill, and then 14%, 2% and 5% for the next three cycles. Depression was complained of by 23% before taking the pill and then by 6%, 6% and none in the next three cycles. Thus assertions that the pill causes headaches, depression or breast discomfort must be taken with a grain of salt unless a baseline has been established. The enquiry also showed that dysmenorrhea and premenstrual tension were greatly reduced by the pill, but this we already knew.

In the October 21 issue of *Lancet* Reidenberg of Philadelphia takes the matter a little further, and applies the principle to all side effects of drugs.